

Application for Federal Employment - SF 171

Read the instructions before you complete this application. Type or print clearly in dark ink.

Form Approved
OMB No. 3206-0012

GENERAL INFORMATION

- 1** What kind of job are you applying for Give title and announcement no. (if any)
- 2** Social Security Number **3** Sex ☐ Male ☐ Female
- 4** Birth date (Month, Day, Year) **5** Birthplace (City and State or Country)
- 6** Name (Last, First, Middle)
- Mailing address (include apartment number, if any)
- City State ZIP Code
- 7** Other names ever used (e.g., maiden name, nickname, etc.)
- 8** Home Phone Area Code Number **9** Work Phone Area Code Number Extension
- 10** Were you ever employed as a civilian by the Federal Government? If **NO**, go to item 11. If **YES**, mark each type of job you held with an **X**.
- ☐ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted
- What is your **highest** grade, classification series and job title?

Dates at **highest** grade: FROM: TO

AVAILABILITY

- 11** When can you start work? (Month and Year) **12** What is the **lowest** pay you will accept? (You will not be considered for jobs which pay less than you indicate.)
- Pay \$ per OR Grade
- 13** In what geographic area(s) are you willing to work?
- 14** Are you willing to work:
- | | YES | NO |
|--|-----|----|
| A. 40 hours per week (full-time)? | | |
| B. 25-32 hours per week (part-time)? | | |
| C. 17-24 hours per week (part-time)? | | |
| D. 16 or fewer hours per week (part-time)? | | |
| E. An intermittent job (on call/seasonal)? | | |
| F. Weekends, shifts, or rotating shifts? | | |
- 15** Are you willing to take a temporary job lasting:
- | | | |
|---------------------------------------|--|--|
| A. 5 to 12 months (sometimes longer)? | | |
| B. 1 to 4 months? | | |
| C. Less than 1 month? | | |
- 16** Are you willing to travel away from home for:
- | | | |
|----------------------------------|--|--|
| A. 1 to 5 nights each month? | | |
| B. 6 to 10 nights each month? | | |
| C. 11 or more nights each month? | | |

MILITARY SERVICE AND VETERAN PREFERENCE

- 17** Have you served in the United States Military Service If your only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to item 22
- 18** Did you or will you retire at or above the rank of major or lieutenant commander?

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER
PREVIOUS EDITION USABLE UNTIL 12-31-90

DO NOT WRITE IN THIS AREA

FOR USE OF EXAMINING OFFICE ONLY

| Date entered register | | Form reviewed: Form approved: | | |
|---|-------|----------------------------------|---|------------------|
| Option | Grade | Earned Rating | Veteran Preference | Augmented Rating |
| | | | <input type="checkbox"/> No Preference Claimed | |
| | | | <input type="checkbox"/> 5 Points (Tentative) | |
| | | | <input type="checkbox"/> 10 Pts. (30% Or More Comp. Dis.) | |
| | | | <input type="checkbox"/> 10 Pts. (Less Than 30% Comp. Dis.) | |
| | | | <input type="checkbox"/> Other 10 Points | |
| Initials and Date | | | | |
| <input type="checkbox"/> Disallowed <input type="checkbox"/> Being Investigated | | | | |

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required

- ☐ 5-Point ☐ 10-Point -- 30% or More Compensable Disability ☐ 10-Point -- Less Than 30% Compensable Disability ☐ 10-Point -- Other
- Signature and Title

Agency

Date

MILITARY SERVICE AND VETERAN PREFERENCE (Cont.)

- 19** Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".) If "NO", provide below the date and type of discharge you received.
- | Discharge Date (Month, Day, Year) | Type of Discharge |
|-----------------------------------|-------------------|
| | |
- 20** List the dates (Month, Day, Year), and branch for all **active duty** military service.
- | From | To | Branch of Service |
|------|----|-------------------|
| | | |
- 21** If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.
- 22** Read the instructions that came with this form before completing this item. When you have determined your eligibility for veteran preference from the instructions, place an **X** in the box next to your veteran preference claim.
- ☐ NO PREFERENCE
- ☐ 5-POINT PREFERENCE -- You must show proof when you are hired.
- 10-POINT PREFERENCE -- If you claim 10-point preference, place an **X** in the box below next to the basis for your claim. **To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.**
- ☐ Non-compensably disabled or Purple Heart recipient.
- ☐ Compensably disabled, less than 30 percent.
- ☐ Spouse, widow(er), or mother of a deceased or disabled veteran.
- ☐ Compensably disabled, 30 percent or more.

WORK EXPERIENCE *If you have no work experience, write "NONE" in A below and go to 25 on page 3.*

| | | | |
|-----------|--|-----|----|
| 23 | May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first . . . | YES | NO |
| | | | |

24 READ **WORK EXPERIENCE** IN THE INSTRUCTIONS BEFORE YOU BEGIN.

- Describe your current or most recent job in Block **A** and work backwards, describing each job you held **during the past 10 years**. If you were **unemployed** for longer than **3 months** within the past 10 years, list the dates and your address(es) in an experience block.
- You may sum up in one block work that you did **more than 10 years ago**. But if that work **is related** to the type of job you are applying for, describe each related job in a separate block.
- INCLUDE VOLUNTEER WORK (*non-paid work*) -- **If the work (or a part of the work) is like the job you are applying for**, complete **all** parts of the experience block just as you would for a paying job. You may receive credit for work experience with religious, community, welfare, service, and other organizations.
- INCLUDE MILITARY SERVICE -- You should complete **all** parts of the experience block just as you would for a non-military job, including all supervisory experience. Describe each major change of duties or responsibilities in a separate experience block.
- IF YOU NEED MORE SPACE TO DESCRIBE A JOB -- Use sheets of paper the same size as this page (be sure to include **all** information we ask for in **A** and **B** below). On **each** sheet show your name, Social Security Number, and the announcement number or job title.
- IF YOU NEED MORE EXPERIENCE BLOCKS, use the SF 171-A or a sheet of paper.
- IF YOU NEED TO UPDATE (ADD MORE RECENT JOBS), use the SF 172 or a sheet of paper as described above.

| | | | | | | | | |
|--------------------------------|---|-----|-----------|--|-------------------------|----------------------------------|-----------------------------------|---|
| A | Name and address of employer's organization (<i>include ZIP Code, if known</i>) | | | Dates employed (<i>give month, day and year</i>) | | Average number of hours per week | Number of employees you supervise | |
| | | | | From: | To: | | | |
| | | | | Salary or earnings | | Your reason for wanting to leave | | |
| Starting \$ | | per | | | | | | |
| Ending \$ | | per | | | | | | |
| Your immediate supervisor Name | | | Area Code | Telephone No. | Exact title of your job | | | If Federal employment (<i>civilian or military</i>) list series, grade or rank, and, if promoted in this job, the date of your last promotion |

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

| | | | | | | | | |
|--------------------------------|---|-----|-----------|--|-------------------------|----------------------------------|------------------------------------|---|
| B | Name and address of employer's organization (<i>include ZIP Code, if known</i>) | | | Dates employed (<i>give month, day and year</i>) | | Average number of hours per week | Number of employees you supervised | |
| | | | | From: | To: | | | |
| | | | | Salary or earnings | | Your reason for leaving | | |
| Starting \$ | | per | | | | | | |
| Ending \$ | | per | | | | | | |
| Your immediate supervisor Name | | | Area Code | Telephone No. | Exact title of your job | | | If Federal employment (<i>civilian or military</i>) list series, grade or rank, and, if promoted in this job, the date of your last promotion |

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervised. *If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.*

For Agency Use (skill codes, etc.)

EDUCATION

25 Did you graduate from high school? *If you have a GED high school equivalency or will graduate within the next nine months, answer "YES".*

26 Write the name and location (*city and state*) of the last high school you attended or where you obtained your GED high school equivalency.

| | | | | | |
|------------|--|-----------|--|------------|---|
| YES | If "YES" , give month and year graduated or received GED equivalency: - - - - - | 27 | Have you ever attended college or graduate school? | YES | If "YES" , continue with 28 . |
| NO | If "NO" , give the highest grade you completed: _____ | | | NO | |

28 NAME AND LOCATION (city, state and ZIP Code) OF COLLEGE OR UNIVERSITY. If you expect to graduate within nine months, give the **month** and **year** you expect to receive your degree:

[illegible]

29 CHIEF UNDERGRADUATE SUBJECTS
Show major on the first line

| CHIEF UNDERGRADUATE SUBJECTS <i>Show major on the first line</i> | NUMBER OF CREDIT HOURS COMPLETED | |
|---|----------------------------------|---------|
| | Semester | Quarter |
| 1) | | |
| 2) | | |
| 3) | | |

30 CHIEF GRADUATE SUBJECTS

| CHIEF GRADUATE SUBJECTS <i>Show major on the first line</i> | NUMBER OF CREDIT HOURS COMPLETED | |
|--|----------------------------------|---------|
| | Semester | Quarter |
| 1) | | |
| 2) | | |
| 3) | | |

31 If you have completed any **other courses or training** related to the kind of jobs you are applying for (*trade, vocational, Armed Forces, business*) give information below.

| NAME AND LOCATION (<i>city, state and ZIP Code</i>) OF SCHOOL | | | | MONTH AND YEAR ATTENDED | | CLASS-ROOM HOURS | SUBJECT(S) | TRAINING COMPLETED | |
|---|--|--|--|-------------------------|----|------------------|------------|--------------------|----|
| | | | | From | To | | | YES | NO |
| School Name | | | | | | | | | |
| 1) City State ZIP Code | | | | | | | | | |
| School Name | | | | | | | | | |
| 2) City State ZIP Code | | | | | | | | | |

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

32 Give the title and year of any honors, awards or fellowships you have received. List your special qualifications, skills or accomplishments that may help you get a job. *Some examples are: skills with computers or other machines; most important publications (do not submit copies); public speaking and writing experience; membership in professional or scientific societies; patents or inventions; etc.*

33 How many words per minute can you:
TYPE? TAKE DICTATION?

34 List **job-related** licenses or certificates that you have, such as: *registered nurse; lawyer; radio operator; driver's; pilot's; etc.*

| minute can you: TYPE? TAKE DICTATION? | LICENSE OR CERTIFICATE | DATE OF LATEST LICENSE OR CERTIFICATE | STATE OR OTHER LICENSING AGENCY |
|---|------------------------|--|------------------------------------|
| Agencies may test your skills before hiring you. | 1) | | |
| | 2) | | |

35 Do you speak or read a language other than English (*include sign language*)? **Applicants for jobs that require a language other than English may be given an interview conducted solely in that language.**

| | |
|-----|--|
| YES | |
| NO | |

If "YES", list each language and place an "X" in each column that applies to you.

If "NO", go to 36.

| LANGUAGE(S) | CAN PREPARE AND GIVE LECTURES | | CAN SPEAK AND UNDERSTAND | | CAN TRANSLATE ARTICLES | | CAN READ ARTICLES FOR OWN USE | |
|-------------|-------------------------------|-----------------|--------------------------|----------|------------------------|--------------|-------------------------------|-----------------|
| | Fluently | With Difficulty | Fluently | Passably | Into English | From English | Easily | With Difficulty |
| 1) | | | | | | | | |
| 2) | | | | | | | | |

REFERENCES

36 List three people who are not related to you and are not supervisors you listed under **24** who know your qualifications and fitness for the kind of job for which you are applying. At least **one** should know you well on a personal basis.

| Applying: At least one should know you well on a personal basis. | | | | |
|---|---|--|-------|----------|
| FULL NAME OF REFERENCE | TELEPHONE NUMBER(S) <i>(Include Area Code)</i> | PRESENT BUSINESS OR HOME ADDRESS <i>(Number, street and city)</i> | STATE | ZIP CODE |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

BACKGROUND INFORMATION -- You must answer each question in this section before we can process your application.

37 Are you a citizen of the United States? (In most cases you must be a U.S. citizen to be hired. You will be required to submit proof of identity and citizenship at the time you are hired.) If "NO", Give the country or countries you are a citizen of: _____ **YES** **NO**

NOTE: It is important that you give complete and truthful answers to questions 38 through 44. If you answer "YES" to any of them, provide your explanation(s) in **Item 45.** **Include** convictions resulting from a plea of nolo contendere (*no contest*). **Omit:** 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 16th birthday; 3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; 4) any conviction set aside under the Federal Youth Corrections Act or similar State law; 5) any conviction whose record was expunged under Federal or State law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for Federal jobs. However, **if you fail to tell the truth or fail to list all relevant events or circumstances**, this may be grounds for not hiring you, for not hiring you after you begin work, or for criminal prosecution (18 USC 1001).

38 During the last **10 years**, were you **fired from any job** for any reason, did you **quit after being told that you would be fired**, or did you leave by mutual agreement because of a specific problems? _____ **YES** **NO**

39 Have you **ever** been convicted of, or forfeited collateral for **any felony violation**? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one year, except for violations called misdemeanors under State law which are punishable by imprisonment of two years or less.) _____

40 Have you **ever** been convicted of, or forfeited collateral for **any firearms or explosives violation**? _____

41 Are you **now** under charges for **any** violation of law? _____

42 During the **last 10 years** have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do **not** include violations reported in 39, 40, or 41, above _____

43 Have you **ever** been convicted by a military **court-martial**? If no military service, answer "NO" _____

44 Are you **delinquent** on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government **plus** defaults on Federally guaranteed or insured loans such as student and home mortgage loans.) _____

45 If "YES" in: **38** - Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address.
39 through 43 - Explain each violation. Give place of occurrence and name/address of police or court involved.
44 - Explain the type, length and amount of the delinquency or default, and steps you are taking to correct errors or repay the debt. Give any identification number associated with the debt and the address of the Federal agency involved.

NOTE: If you need more space, use a sheet of paper, and include the item number.

| Item No. | Date (Mo./Yr.) | Explanation | Mailing Address |
|----------|----------------|-------------|--|
| | | | Name of Employer, Police, Court, or Federal Agency |
| | | | City State ZIP Code |
| | | | Name of Employer, Police, Court, or Federal Agency |
| | | | City State ZIP Code |

46 Do you receive, or have you ever applied for retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service? _____ **YES** **NO**

47 Do any of your relatives work for the United States Government or the United States Armed Forces? Include: *father; mother; husband; wife; son; daughter; brother; sister; uncle; aunt; first cousin; nephew; niece; father-in-law; mother-in-law; son-in-law; daughter-in-law; brother-in-law; sister-in-law; stepfather; stepmother; stepson; stepdaughter; stepbrother; stepsister; half brother; and half sister* _____

If "YES", provide details below. If you need more space, use a sheet of paper.

| Name | Relationship | Department, Agency or Branch of Armed Forces |
|------|--------------|--|
| | | |
| | | |
| | | |

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).
- If you are a male born after December 31, 1959, you must be registered with the Selective Service System or have a valid exemption in order to be eligible for Federal employment. You will be required to certify as to your status at the time of appointment.
- I understand** that any information I give may be investigated as allowed by law or Presidential order.
- I consent** to the release of information about my ability and fitness for Federal employment **by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the Federal Government.**
- I certify** that, to the best of my knowledge and belief, **all** of my statements are true, correct, complete, and made in good faith.

48 SIGNATURE (Sign each application in dark ink)

49 DATE SIGNED (Month, day, year)

Continuation of Experience Block A

Continuation of Experience Block B
